

**Claim application to provide special assistance to the victims of accidents occurred during agricultural operations/pursuits in the fields, village and market yards while going and coming from such places within the State of Haryana.**

1. Name of the Claimant : \_\_\_\_\_  
 Occupation of claimant (Please tick the right one) :  
 (a) Farmer d) Dairy Farming  
 (b) Field Labourer e) Poultry Farming  
 (c) Mandi Labourer
2. Father's Name : \_\_\_\_\_
3. Full Address :  
 (a) Village \_\_\_\_\_ b) Tehsil \_\_\_\_\_  
 (c) District \_\_\_\_\_
4. Age : \_\_\_\_\_
6. Accident :  
 (a) Date : \_\_\_\_\_ b) Time : \_\_\_\_\_  
 (c) Place : \_\_\_\_\_ d) Village \_\_\_\_\_  
 (e) On road going or coming from Mandi : \_\_\_\_\_  
 (f) Mandi : \_\_\_\_\_
7. In case of employee, name and address of the Employer :  
 (a) Name of Employer : \_\_\_\_\_  
 (b) Father's Name : \_\_\_\_\_  
 (c) Village/Town : \_\_\_\_\_  
 (d) Tehsil : \_\_\_\_\_  
 (e) District : \_\_\_\_\_
8. Nature of accident (tick the right one) :  
 (a) Death, (b) Amputation of one limb/permanent serious injury  
 (c) Amputation of two limbs/permanent serious injury  
 (d) Cutting of part of finger, (e) Cutting of full finger,  
 (f) Cutting of four fingers (amputation of one limb),

9. Organ injury and reason of death (please tick the right one)
- (a) Agriculture related machinery, (b) Equipments,  
 (c) Tools, (d) Implements, (e) Machinery, (f) Digging of well,  
 (g) Installing Tubewell, (h) Cane Crusher, (i) Kohloo,  
 (j) Cutting Fodder, (k) Thresher,  
 (l) Poisonous gas during digging of well,  
 (m) Poisonous gas during working or installing Tubewell,  
 (n) Electric current while working on Tubewell,  
 (o) By animal, (p) By animal carrying van, (q) By truck,  
 (r) From any vehicle while taking agricultural produce to or  
 from mandi, (s) Insecticide, (t) Pesticide, (u) Electric current,  
 (v) Fire accident, (w) In mandi while uploading/winnowing/  
 weighing of agricultural produce, (x) Biting by snake or any  
 other poisonous insect/by biting of animal.

(Signature of the applicant  
 or Finger thumb  
 impression)

Signature and address of immediate relatives : \_\_\_\_\_

(i) Village : \_\_\_\_\_ (ii) Tehsil : \_\_\_\_\_  
 (iii) District \_\_\_\_\_

It is certified that the above information provided by Shri/  
 Ms. \_\_\_\_\_ son/daughter/wife/widow of  
 Shri/Smt. \_\_\_\_\_ is true and correct.

(a) Signature

(1) Sarpanch \_\_\_\_\_

(2) Two Panches or Numberdar : \_\_\_\_\_

(b) Member :

Municipal Committee/Municipal Corporation

OR

Commissioner Muncipal Corporation/Administration

With address :

**Report of Secretary-cum-Executive Officer, Market Committee  
 on claim regarding injury/accident occurred due to handling of  
 agriculture related machinery/implements/equipments etc.  
 resulting in death/permanent disability etc.**

It is certified that information furnished by the Claimant  
 Shri/Ms./Son/Daughter/Wife/Widow of Shri/Ms. \_\_\_\_\_

resident of Village/Town \_\_\_\_\_

Tehsil \_\_\_\_\_ District \_\_\_\_\_ match

with the information verified and provided by Medical Officer/Doctor  
 (report attached) are due to handling of agriculture related  
 machinery/implements/equipments etc. are acceptable.

Signature of the Claimant are taken on dated \_\_\_\_\_

Signature : \_\_\_\_\_

Secretary-cum Executive Officer,  
 Market Committee \_\_\_\_\_

## MEDICAL CERTIFICATE

It is certified that Shri/Ms. \_\_\_\_\_  
son/daughter/wife/widow of Shri/Ms. \_\_\_\_\_  
resident of village/City \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_ get the  
treatment in my hospital/dispensary \_\_\_\_\_  
from \_\_\_\_\_ upto \_\_\_\_\_ with register No. \_\_\_\_\_  
dated \_\_\_\_\_ under the following injuries/accidents :-

- (a) Death
- (b) Breakage of backbone (if it is permanent disability)
- (c) Amputation of one limb/organ i.e. hand, foot, eye leg or arm etc.
- (d) Amputation of two limbs
- (e) Amputation of part of finger
- (f) Amputation of full finger
- (g) Amputation of four fingers
- (h) Permanent serious injury

Signature of the Doctor  
Registration No. & qualification

Full Address :

Name \_\_\_\_\_

Name of Hospital/Dispensary : \_\_\_\_\_

Village \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_